

中文題目：麴菌性肺膿瘍出現在一位肺癌初診斷的病人

英文題目：Aspergillosis lung abscess in the newly diagnosis esophageal cancer

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### **Introduction:**

Fungal infections began to emerge as a significant problem among cancer patients. Initially, *Candida* spp accounted for the vast majority of fungal infections, but in recent years, other organisms, especially *aspergillus* spp, have been responsible for the continuing increased frequency. At the present time, at least 40% to 50% of fatal infections are caused by fungi. More than 70% of infections involve the lungs, and approximately 35% of patients with pulmonary aspergillosis have hematogenous dissemination to other organs. Pulmonary infection may be manifested as necrotizing bronchopneumonia, hemorrhagic pulmonary infarction, solitary or miliary lung abscesses, lobar pneumonia, or bronchitis.

### **Case Report:**

This is a 34 years old man with unremarkable medical history. This time, he was suffered from general malaise, cough with poor appetite for weeks. Easily abdominal distention and nausea after intake were also noted. He went to local clinic for medication but little improvement. However, his condition not improved after admission for 5 days. So family asked to transfer to our hospital. At our emergency room, severe respiratory distress was noted, so emergent intubation was done. Chest X-ray revealed right lung consolidation with cavity formation. Chest computed tomography (CT) was arranged, which revealed tracheoesophageal fistula (TEF) and right lung necrotizing pneumonia. Panendoscopy was arranged and revealed esophageal lesion, highly suspected malignancy with TEF formation. The necrotizing pneumonia and esophagus tumor, highly suspected malignancy were impressed. Blood aspergillous antigen showed positive after antibiotic treatment with esophageal stent intubation. Patient was stabilized then went home under stable condition .

### **Discussion:**

The potential for reactivation of infection interferes with subsequent cancer chemotherapy. Surgical excision of the residual cavity should be considered, but that may not always be technically possible due to the presence of multiple cavities or the location of the lesion. Antifungal therapy should be administered during periods of neutropenia associated with chemotherapy in patients with residual lesions to prevent reactivation. The appropriate duration of such therapy is unknown, but should be continued for a minimum of two courses.